



VIRGINIA R. DIAMOND, Chairman  
WILLIAM L. DUDLEY, JR., Commissioner  
JAMES J. SZABLEWICZ, Chief Deputy  
Commissioner

*COMMONWEALTH of VIRGINIA*

**Workers' Compensation Commission**

1000 DMV Drive  
Richmond, Virginia 23220  
[www.vwc.state.va.us](http://www.vwc.state.va.us)

IRIS C. PEACE, Clerk

Claims Examination Department  
1-877-664-2566

**US Social Security Administration - Benefits**

vs.

Accident Date:

VWC File No.:

Please provide the requested information in order that we may determine entitlement to cost of living adjustment for a workers' compensation claim.

NAME:

ADDRESS:

Social Security #: \_\_\_\_\_

(Please print SSN legibly in the blank)

**1. Is the above named individual receiving Social Security Disability benefits?**

☐ Yes

(Please answer question 2)

☐ No

(Thank you for your assistance)

**2. Please indicate the monthly amount of Social Security Disability benefits including the Medicare deductible and the dates benefits were paid:**

\$ \_\_\_\_\_ Gross monthly Social Security benefit amount

\$ \_\_\_\_\_ Monthly Medicare premium deduction

\$ \_\_\_\_\_ Net monthly Social Security benefit amount

Dates: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Claimant's signature Date

Prepared by: \_\_\_\_\_  
Social Security Representative Date

Telephone # (\_\_\_\_) \_\_\_\_\_

**Filing Instructions  
COLA/Social Security Verification Request  
VWC Form No. CA51**

In order to apply for a Cost-of-Living Adjustment, please complete the following steps:

1. Complete the upper portion of the eligibility form to include the claimant's name, accident date, VWC File Number, and Social Security Number.
2. Take the form to the US Social Security Administration. A representative of the US Social Security Administration must complete Sections 1 and 2.
3. The eligibility form must be signed by a US Social Security Representative.
4. The eligibility form must be signed by the Claimant.
5. Return the form to the Virginia Workers' Compensation Commission for Cost-of-Living eligibility determination.

**Please Note:**

In the event that Social Security Benefits are not being received, the signature of the US Social Security Representative is still required.

For questions or assistance with completing the form, please contact the Claims Examination Department using the Commission's Toll-free number at (1-877) 664-2566 or visit our Website at [www.vwc.state.va.us](http://www.vwc.state.va.us).